Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN635HOS	A. BUILDING _____ B. WING _____	C 03/15/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 3/15/10 and finalized on 3/15/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00023903 was substantiated with deficiencies cited. (See S 0133) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:	S 000		
S 134 SS=D	NAC 449.329 Admission of Patients 2. Ensure that each patient, or the parent, guardian or other person legally responsible for the patient, receives information about the proposed care of the patient. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to notify the legal guardian of a change in condition of a patient and failed to notify the legal guardian of the discharge of a patient. (Patient #1) Patient #1 was admitted to the facility on 11/27/09 from a group home with diagnoses including cellulitis of the foot, mental delay secondary to a motor vehicle accident, and pneumonia.	S 134		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 134	Continued From page 1 Patient #1 developed pneumonia during the hospital delay and was diagnosed on 12/3/09. There was no documentation the legal guardian was notified of the pneumonia diagnosis. A review of the discharge summary revealed the physician indicated the patient was requesting discharge on 12/6/09. The physician indicated the patient was stable and discharged the patient back to the group home on 12/6/09. A review of the case management notes revealed on 12/4/09 the legal guardian requested the patient be transferred to South Lyon Medical Center. It was noted South Lyon had agreed to accept the patient. The legal guardian was not notified of the discharge on 12/6/09 nor was a transfer to South Lyon arranged as requested. A review of the record indicated the facility had the legal guardian documents on file. An interview with the case management supervisor revealed there was no information as to why the discharge or lack of transfer occurred. Severity 2 Scope 1	S 134		